



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
VISION EXAM ANNUAL REPORT

(K OR 1st GRADES)

SCHOOL AND PREPARER INFORMATION

DISTRICT:

DISTRICT CODE:

FORM COMPLETED BY:

DATE SUBMITTED:

PREPARER CONTACT INFORMATION:

	School Year: _____						Results of Professional Exam		
Grade	Number of Students Starting School for the first time	Number of Students with Identified vision problem prior to enrollment	Number of Students with Comprehensive Vision Exam	Number of Students with an exam that does not meet the criteria for a Comprehensive Vision Exam	Number of Students with Parent Objection to vision exam via Opt-out Form	Number of Students with No Response from Parent(s) to vision exam request	Number of Students with Normal (No Abnormality) Comprehensive Vision Exam	Number of Students with Positive Findings	Number of Students with Positive Findings and No Resources for Correction or Treatment
K									
1st									
Total									

Comments: